

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9913</b>	2 Fiscal Year Covered From <b>1 / 1 / 2004</b> Through <b>12 / 31 / 2004</b>
3 Name and address of person filing Name <b>Edward E Barnes</b> P O Box Bldg Room No if any <b>Suite 400</b> Street <b>501 SHATTO PLACE</b> City <b>LOS Angeles</b> State <b>CALIFORNIA</b> ZIP Code + 4 <b>90020</b>	4 Name file number and address of labor organization Name <b>SO. CA. PIPE TRADES DC 116</b> Labor Organization File Number <b>039-835</b> P O Box, Building and Room Number if any <b>Suite 400</b> Street <b>501 SHATTO PLACE</b> City <b>LOS Angeles</b> State <b>CALIFORNIA</b> ZIP Code + 4 <b>90020</b>
5 Position in labor organization <b>Organizer</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ _____ _____ 7 b Amount _____
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Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed Edward E Barnes

On 8/12/05  
Date

714-963-4592  
Telephone Number

Name of Person Filing

Edward E. Barnes

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Pipings Industry Progress AndTrade Name if any EDUCATION TRUSTP O Box Bldg Room No if any Suite 200Street 501 SHATTUCK PLACECity LOS ANGELESState CALIFORNIA ZIP Code + 4 90020

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

The Pipe Industry Progress  
AND EDUCATION TRUST FUND  
IS A JOINT LABOR MANAGEMENT  
TRUST

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

RECEIVED A CHRISTMAS GIFT FROM  
THE PIPE INDUSTRY PROGRESS  
AND EDUCATION TRUST FUND

12 b Amount

\$179.26

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

~~\$179.26~~  
\$0.

Name of Person Filing <u>EDWARD E BARNES</u>	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8</b> Name and address of Business (including trade name, if any). Name <u>NATIONAL Inspection Testing</u> Trade Name if any <u>AND Certification</u> P O Box, Bldg. Room No. if any <u>Suite 201</u> Street <u>501 SHATTO PLACE</u> City <u>LOS ANGELES</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90020</u>	<b>9</b> Business deals with: <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10</b> If 9 b or 9 c. is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a.</b> Nature of such dealing <u>THE NATIONAL Inspection Testing AND Certification Corporation is an entity that test and certify personal in plumbing piping, HVAC and Related industries</u> <b>11 b.</b> Approximate dollar value of such dealing. _____ <b>12 a.</b> Nature of interest held or income received. <u>Received A CHRISTMAS GIFT FROM THE NATIONAL Inspection Testing AND Certification Corporation</u> <b>12 b.</b> Amount. <u>\$ 44.91</u>

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13 a.</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name if any _____ P O Box, Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a.</b> Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13 b.</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14 b.</b> Amount of payment. _____